

New Jersey Department of Health and Senior Services
Clinical Laboratory Improvement Service
PO Box 361
Trenton, NJ 08625-0361

PROFICIENCY TESTING (PT) AND
BIANNUAL ASSESSMENT PROGRAM (BAP)
FOR PHYSICIAN OFFICE LABORATORIES (2004)
☐ New ☐ Renewal

Name and Address of Laboratory		Exact Shipping Address for Surveys	
Name of Contact Person	Telephone Number		Fax Number
Name of Lab Director (Print)	CLIA ID No.	COLA ID No.	Email Address

>> DO YOU WISH TO HAVE REGULATED ANALYTE RESULTS REPORTED TO THE CENTER
 FOR MEDICARE AND MEDICAID SERVICES (CMS) FOR COMPLIANCE WITH CLIA '88?

☐ YES ☐ NO

Type of Survey	Code	Fee	X	Type of Survey	Code	Fee	X
Throat Culture Only (Plate/Disk)	M101	\$150		Blood Gas [Surveys required for each primary testing instrument in the facility. Surveys for back-up instruments are optional. Include number of surveys needed (NS) in calculations.]	C102	\$200 X (NS)	
Group A Strep Throat Screen Only (Swab) – Rapid Strep	M103	\$100					
Syphilis	S100	\$150					
Diagnostic Immunology, Indicate: <input type="checkbox"/> ASO <input type="checkbox"/> Rubella <input type="checkbox"/> RF <input type="checkbox"/> IM <input type="checkbox"/> Serum hCG	S101	\$340		Erythrocyte Protoporphyrin	T100	\$225	
				Drugs of Abuse	T101	\$250	
Indicate: <input type="checkbox"/> Rubella and/or <input type="checkbox"/> Rheumatoid Factor Only	S102	\$280		Therapeutic Drug Monitoring (TDM)	T102	\$320	
Indicate: <input type="checkbox"/> ASO <input type="checkbox"/> IM and/or <input type="checkbox"/> Serum hCG Only	S103	\$280		Hematology (CBC) Blood Cell ID: <input type="checkbox"/> Yes <input type="checkbox"/> No	H100	\$225	
				Hemoglobin/Hematocrit Only	H101	\$125	
Antinuclear Antibody	S104	\$285		Blood Cell ID Only	H102	\$100	
Endocrinology (Cortisol and Thyroid Function Tests Only)	E100	\$190		Coagulation	H103	\$225	
Chemistry	C100	\$275		Whole Blood Prothrombin Time	H105	\$175	
Lipids/Glucose Only	C101	\$175		QBC Cent. Hem. with Differential	H104	\$225	
Electrolytes Only	C103	\$150		Comprehensive Blood Bank and Immunohematology	I100	\$350	
				Limited Immunohematology	I101	\$210	

BIANNUAL ASSESSMENT PROGRAM (BAP)

Sedimentation Rate	B103	\$75		Fecal Occult Blood	B115	\$25	
CoaguChek Prothrombin Time	B116	\$75		Sperm Count	B111	\$100	
Throat-Screen (CLIA-Waived DAT Methods)	B113	\$25		Sperm (Absence or Presence)	B104	\$25	
Dermatophyte Screen (DTM Agar)	M400	\$75		C-Reactive Protein (CRP)	B106	\$35	
<i>H. pylori</i> Antibody	B105	\$75		PSA and/or PAP	B107	\$75	
Urine Culture (UC) Screen	M104	\$75		Whole Blood Glucose (CLIA-Waived Methods)	B108	\$50	
UC Screen with Antibiotic Susceptibility Testing	M105	\$100		Glycohemoglobin	B109	\$50	
Dipstick Urinalysis Only	U100	\$35		GGT and/or Phosphorus	B117	\$50	
Urine hCG Only	B110	\$25		KOH Prep	B101	\$25	
Urine Microscopy Only	B100	\$25		Pinworm Prep	B102	\$25	
Urinalysis Combo (see brochure) Microscopy: <input type="checkbox"/> Yes <input type="checkbox"/> No	B114	\$75		Vaginal Wet Prep	B112	\$25	

Total Fee for Required Services: \$ _____ (Not applicable to Initial Applications
 Renewal After 11/12/03: \$50.00 requested after this date.)
 GRAND TOTAL: \$ _____

A check or money order, payable to "NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES-PT" must accompany each application. Telephone orders WILL NOT be accepted. As some survey samples may contain pathogenic material, an authorized signature is required to process this order. Authorization conveys responsibility for receiving, storing and disposing of such material to the laboratory purchasing the samples.

Name of Authorized Individual			Title		
Signature				Date	
FOR STATE USE ONLY	Check/M.O. No.	Date of Check/M.O.	Amount	Received By	Date Received